

PATENT

**IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE**

Applicant(s):	Labelle, et al.	Atty. Docket No.:	38488.0200
Serial No.:	TBA	Conf. No.:	TBA
Filed:	January 18, 2002	Group Art Unit:	TBA
 TITLE:	 SYSTEM AND METHOD OF DISPENSING INSURANCE THROUGH A COMPUTER NETWORK	Examiner:	TBA

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**SYSTEM AND METHOD OF DISPENSING INSURANCE
THROUGH A COMPUTER NETWORK**

the specification of which:

☒ [xx] is attached hereto.
☐ [] was filed on _____ as Application Serial No. _____
and was amended on _____ if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Priority Not Claimed

[]

<u>N/A</u>	<u> </u>	<u> </u>
Number	Country	Filing Date
<u> </u>	<u> </u>	<u> </u>
Number	Country	Filing Date

[]

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

<u>60/262,534</u>	<u>January 18, 2001</u>
Application Number	Filing Date

<u> </u>	<u> </u>
Application Number	Filing Date

<u> </u>	<u> </u>
Application Number	Filing Date

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information material to patentability as defined in 37 C.F.R. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<u>N/A</u>	<u> </u>	<u> </u>
Application Serial No.	Filing Date	Status — Patent, Pending, Abandoned
<u> </u>	<u> </u>	<u> </u>
Application Serial No.	Filing date	Status — Patent, Pending, Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor Guy James Labelle

Third inventor's signature _____ Date _____

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Full name of second inventor George Alexander Howington

Second inventor's signature George Alexander Howington Date 1/18/02

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Full name of third inventor Roman J. Ruhnke

Third inventor's signature [Signature] Date January 18, 2002

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Full name of fourth inventor Andrea L. Labelle

Fourth inventor's signature _____ Date _____

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Applicant(s): Labelle, et al. Atty. Docket No.: 38488.0200
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TITLE: SYSTEM AND METHOD OF
DISPENSING INSURANCE
THROUGH A COMPUTER
NETWORK Examiner: TBA

**POWER OF ATTORNEY BY ASSIGNEE
AND CERTIFICATE UNDER 37 CFR 3.73(b)**

COVERAGEMAKER, INC., a corporation having its principal place of business and a mailing address at 1300 S. Milton, Suite 224, Flagstaff, AZ 86001, and INTERNATIONAL INSURANCE GROUP, INC., a corporation having its principal place of business and a mailing address at 1300 S. Milton, Suite 224, Flagstaff, AZ 86001 (hereinafter "Assignee"), certify that to the best of Assignee's knowledge and belief, Coveragemaker, Inc. and International Insurance Group are the joint assignees of the entire right, title, and interest in and to the above-captioned United States patent application and represents that the undersigned is a representative authorized and empowered to sign on behalf of the Assignee.

Ownership of the above-identified patent application is established by virtue of the following documentary evidence that has been reviewed by the undersigned:

An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel N/A, Frame N/A, or for which a copy thereof is attached.

COVERAGEMAKER, INC. and INTERNATIONAL INSURANCE GROUP as the Assignee of the entire right, title, and interest in and to the above-captioned United States patent application and all inventions disclosed and claimed therein, hereby appoints as its attorneys to prosecute the above-captioned United States patent application and to transact all business in the United States Patent and Trademark Office connected therewith and with the resulting patent, individually and collectively:


SNELL & WILMER L.L.P.
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and the registered attorneys associated with Snell & Wilmer's Customer Number 020322.

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Please send all further correspondence to Snell & Wilmer L.L.P. at the above address.

COVERAGEMAKER, INC.

By: 

Title: President

Date: January 18, 2002

INTERNATIONAL INSURANCE GROUP

By: _____

Title: _____

Date: _____

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Please send all further correspondence to Snell & Wilmer L.L.P. at the above address.

COVERAGEMAKER, INC.

By: _____

Title: _____

Date: _____

INTERNATIONAL INSURANCE GROUP

By: GS Fabelle

Title: RES

Date: 1-18-02

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